

**PERMISSION FORM**

**For**

**FIT CAMP**

By signing up for FIT Camp your child will be participating exercise activities and has no limitations on participation in these activities: If there are limitations please list;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This class is held at the (Please check one)

* Hamlin Elementary
* West Hamlin Elementary
* Midway Elementary

**Please check if you agree in case of emergency**

* I give permission for the teacher/escort in charge to act on my behalf to take measures they deem necessary in the event of sickness or injury during the camp. I agree to pay for any medical expenses for my son/daughter whose name appears above.

**Please check one:** I hereby give my permission for my child’s picture and name to appear on the Lincoln Primary Care Center Website or media in conjunction with FIT CAMP news and events.

* Yes
* No

***I give my permission for (Childs Name) to participate in the Lincoln Primary Care Center FIT Camp in collaboration with the Larry Joe Harless Community Center.***

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Parent/Guardian’s Signature Date

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Printed Parent Name